



Access to Culturally Competent and Linguistically Appropriate Services and Programs Update to the Integration Advisory Board (IAB) August 24, 2016

**Presented on behalf of the Workgroup
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Overview

Access to Culturally Competent and Linguistically Appropriate Services and Programs is one of eight Health Agency Strategic Priorities adopted by the BOS in August 2015



Strategic Priority: *Ensure access to culturally competent and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities.*

Goal 1: Collecting and using Race, Ethnicity and Language (REAL) and Sexual Orientation and Gender Identity data.

Goal 2: Client satisfaction with Department activities and services from a cultural perspective.

Goal 3: Core competencies for new employees and regularly train existing County workforce on providing culturally relevant care and customer service.

Goal 4: Interpreter/translation services and informational materials.

Goal 5: Ensure clinical sites have signage and written client materials available in the preferred primary languages of their local communities.

Goal 6: Share and coordinate existing culturally appropriate efforts and staffing models across Departments.



Do the Health Agency Departments have any of the following?

1. An existing unit or division dedicated to Cultural Competency?
2. An internal and/or external committee or workgroup on Cultural Competency?
3. Policies and procedures on Cultural Competency?
4. Specific training on Cultural Competency?
5. Federal or state mandates regarding cultural competency?
6. Client and staff satisfaction surveys and if these surveys have cultural items on them?
7. A Cultural Competence Plan?
8. Culturally specific programs, services or initiatives?



Workgroup Activities to Date

Jan-July 2016

- Created a central Health Agency library to share and maintain resources
- Analyzed Health Agency client demographics
- Reviewed quality and utilization of current telephonic interpreter services contracts (3 separate contracts)
- Reviewed bi-lingual bonus staff reports
- Reviewed consumer satisfaction/experience surveys
- Reviewed customer service training content
- Developed proposed Health Agency metrics for access to culturally and linguistically competent services



Access to Culturally and Linguistically Competent Services

Race/Ethnicity of Clients Served FY 14/15

	LA County (~10M)	DHS (~570,000)	DMH (~255,000)	DPH SAPC (~60,000)
Hispanic/Latino	48%	65%	47%	44%
African-American	9%	14%	24%	17%
White	27%	11%	18%	33%
Asian/Pacific Islander	15%	6%	4%	2%
Native American	1%	<1%	<1%	1%
Other/Unknown		4%	7%	3%



Consumer Access and Experience

Demographic information FY 14/15

Age

Age Group	LA County (~10M)	DHS (~570,000)	DMH (~255,000)	DPH/SAPC (~60,000)	DPH Clinics (~56,000)
0-17	23%	18%	37%	9%	23%
18-64	65%	75%	60%	91%*	73%
65+	12%	7%	3%		4%

* includes all adults ages 18 and over

Gender

	LA County (~10M)	DHS (~570,000)	DMH (~255,000)	DPH SAPC (~60,000)	DPH Clinics (~56,000)
Female	51%	54%	46%	37%	50%
Male	49%	46%	54%	63%	50%



Telephone Interpreter Services

Telephonic Interpretive Services Requested Total Number of Calls			
	DHS	DPH	DMH
January-June 2016	48,605	3,154	4,559

Top 3 Languages Requested		
DHS	DPH	DMH
1. Spanish	Spanish	Spanish
2. Mandarin	Mandarin	Korean
3. Korean	Farsi	Armenian



Telephonic Interpretive Services Requested Languages Requested January-June 2016

	DHS	DPH	DMH
Total # of languages requested	76	28	24
Languages unique to and not provided by other two Departments year to date	45 +	0	3 (German, Greek and Hebrew)



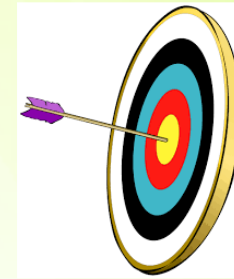
Bi-lingual Bonus Staff 2016

	DHS	DPH	DMH
Total # of Bi-lingual Bonus Staff	3,128	234	735*
# of Languages	15 +	9	16

*** Includes data for only Directly Operated (DO) programs**



Proposed Health Agency Metrics



**Community
based
programs**



**REAL/SOGI/Demo-
graphic Data**

**Customer
experience**



Proposed Metrics

Access to Culturally and Linguistically Competent Programs and Services

1. Implement a common set of basic registration demographic information (i.e. race, ethnicity, language, sexual orientation and homeless definition) and begin staff training by CY 2017
2. Implement a standardized survey tool and begin assessment of consumer experience with cultural and linguistic services delivered at the Health Agency Outpatient Clinics by CY 2017
3. Implement 10 new community based programs (i.e. promotores, community health workers, health promoters, navigators) as well as extend cross-training opportunities across departmental programs to expand the range of services offered by CY 2017



Work Plan – Access to Culturally and Linguistically Competent Programs and Services

Goal 1

Goal 1: Implement a uniform set of Health Agency registration demographic variables (REAL, SOGI, and homeless)

CY 2017

Outcome Measure(s)

Use of a common set of demographic REAL, SOGI and homeless variables in their patient registration or clinical intake process

CY 2018

Process Measures

- 1) A crosswalk assessment of demographic registration variables is performed
- 2) REAL, SOGI and homeless variables are chosen for standardization in the Health Agency
- 3) Timelines to add variables to each Department's registration system are established
- 4) Registration staff training for using these new variables is completed

CY 2016

CY 2016

CY 2017

CY 2017



Work Plan – Access to Culturally and Linguistically Competent Programs and Services

Goal 2

Goal 2: Implement a standardized survey to measure customer experience with cultural & linguistic services delivered at the Health Agency clinics

CY 2017

Outcome Measure(s)

- 1) Baseline satisfaction levels are established for the CY 2017 survey
- 2) Baseline satisfaction data will be reviewed to set goals for satisfaction rates for the Health Agency clinics

CY 2017

CY 2017

Process Measures

- 1) Standardized cultural & linguistic consumer satisfaction questions are identified
- 2) A standard protocol for survey implementation & analysis is developed
- 3) A standardized Health Agency survey will be administered
- 4) Quality improvement projects are identified upon review of baseline satisfaction rates

CY 2016

CY 2016

CY 2017

CY 2018



Work Plan – Access to Culturally and Linguistically Competent Programs and Services

Goal 3

Goal 3: Implement 10 new community based programs (i.e. promotores, community health workers, health promoters, navigators) as well as extend cross-training opportunities to expand the range of services offered by end of CY 2017 **CY 2017**

Outcome Measure(s)

- 1) 10 new Community based programs will be implemented by CY 2017 **CY 2017**
- 2) Number of Health Agency and community based promotores/health promoters/community health workers/navigators trained will be reported **CY 2017**
- 3) Assessment of number of clients impacted **CY 2017**

Process Measures

- 1) A structured community based supportive services during disasters and emergencies (health related and other) will be developed **CY 2016**
- 2) Cross training will be made available for all Health Agency promotores/health promoters/community health workers/navigators programs **CY 2017**

Listing of Health Agency Workgroup Members by Name and Departments

DHS	DMH	DPH
Alexander Li, MD	Dennis Murata, MSW	Karen Swanson, Ph.D., ScM
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Thank You

Access to Culturally and Linguistically Competent Programs and Services

Strategic Priority: Ensure access to culturally competent and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities.

Goal 1: Implement mechanism to systematically collect and analyze Race, Ethnicity and Language (REAL) data and data for other culturally relevant factors (e.g., LGBTQ, physical disability) among consumers; use data to identify and report relevant health-related disparities and inform ongoing program design.

Goal 2: Systematically survey and publicly report client satisfaction with Department activities and services from a cultural perspective.

Goal 3: Design, establish, and implement core competencies for new employees and regularly train existing County workforce on providing culturally relevant care and customer service, including attention to the needs of specific race/ethnic groups, the disabled, veterans, LGBTQ, immigrant/refugees, the elderly, and other vulnerable groups within local communities.

Goal 4: Ensure clinical sites are able to provide real-time professional interpreter/translation services when required or requested by the client through building both in-person and technology-based (e.g., telephone, video-conferencing) resources; ensure clients are proactively made aware of their right to receive and the availability of such services.

Goal 5: Ensure clinical sites have signage and written client materials available in the preferred primary languages of their local communities.

Goal 6: Share and coordinate existing culturally appropriate efforts and staffing models across Departments that have been proven effective in reducing disparities, enhancing care coordination, and increasing community awareness of health issues and that have demonstrated positive health outcomes.

Proposed outcome metrics:

- Disparities according to REAL and other relevant cohorts
- Results from clients/consumers/patients surveys
- Evaluation of impact and effectiveness of training programs related to cultural competency; number of individuals who have completed training
- Percent of total clinical sites that can provide real-time access to translation/interpreter services
- Percent of sites that have completed self-assessments and enhancements of signage and written materials that met the cultural and linguistic needs of communities served

Major organizational next steps:

- Convene and/or evaluate existing Department-, program-, and/or facility-level cultural competency committees, comprised of consumers, their families, and front-line staff, to provide input on how to continually enhance cultural competency of existing programs.
- Perform cultural competency assessment of directly-operated and contracted sites using an externally validated tool appropriate to the size and diversity of the County.
- Create mechanism to formally survey clients/consumers/patients on cultural competency of services and programmatic offerings.
- Engage organized labor on ways to formally enhance delivery of culturally competent care/services.

- Conduct inventory of currently available translation/interpreter resources/infrastructure, signage, and written client materials within clinical sites.
- Assess the ability of specific programs/facilities to care for special populations (e.g., use of peers/those with lived experience, family involvement) and take advantage of the strengths of each Department.